


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 26 AM 10:38

DOCUMENT # A95000001050	
1. Entity Name WILJOHN, LTD.	

Principal Place of Business 2145 INDIAN ROAD WEST PALM BEACH FL 33409	Mailing Address 2145 INDIAN ROAD WEST PALM BEACH FL 33409
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

MS



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCALLISTER, WILLIAM S 2145 INDIAN ROAD WEST PALM BEACH FL 33409		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$9,800.00**

10. Amount of Capital Contributions in FLORIDA to date. **9800.00**

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000051701	STREET ADDRESS	
NAME	MB HOLDING CORP.	CITY-ST-ZIP	
STREET ADDRESS	2145 INDIAN ROAD		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

100046010341
02/04/05--01010--003 **158.75

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *William S. McAllister* **William S. McAllister, GP** **1/24/05** **561-616-9003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #